



PHOTO RELEASE FORM

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I understand and agree that these materials will become the property of St. Luke's and will not be returned. I hereby irrevocably authorize St. Luke's to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing St. Luke's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge St. Luke's from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

St. Luke's Episcopal Church . 501 E. Wallace Ave. . Coeur d'Alene, ID . 208.664.5533

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

_____(Signature/Date)

_____(PRINTED Name/Date)

If the person is **under age 21**, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of:
and do hereby give my consent without reservation to the foregoing on behalf of this person.

_____(Parent/Guardian's Signature/Date)

_____(Parent/Guardian's PRINTED Name/Date)